



## BHCC Consultation Survey Wellington House

### PaCC response 06.07.2026

Survey response based on feedback collated from 30 parent carers, all of whom have children and young people with complex support needs. Feedback received in online and face-to-face meetings, phone calls, emails and parent carer WhatsApp groups.

#### Views on the proposal:

- **Overall, to what extent do you support or oppose the proposal?**

Strongly oppose the proposal

Give reasons:

Parent carers strongly oppose the closure of Wellington House, citing a lack of evidence for safe alternatives and a failure to model future demand. Feedback from over 30 carers highlights critical risks to the city's most vulnerable residents.

#### 1. **Failure in Long-Term Planning and Underestimated Demand**

Carers challenge the "declining need" narrative and highlight a significant risk in the council's planning. This consultation focuses only on the 21 current service users, entirely failing to factor in future need. Parent carers are aware of a "growing demand" from young people transitioning from special schools who will require specialist, building-based care. The lack of data forecasting for those coming through the system suggests a lack of comprehensive long-term planning, leaving future school-leavers potentially without any suitable provision. Furthermore, PaCC flags that hard-to-reach families have not been included in this consultation due to time and capacity constraints.

#### 2. **Gaps in Provision**

Opposition remains rooted in a lack of confidence in council commissioning, and the need for a co-produced citywide vision. Carers point to ongoing gaps in provision; specialist social care support remains inequitable for the complex need's cohort e.g.: short breaks for CYP with complex needs after Extratime & Barnardos withdrew provision, training and opportunities for YP who do not meet Team Domenica thresholds. This history of "unstable external markets" leaves families fearful that users will be left with no support at all.

#### 3. **Financial Volatility and Rising Provider Costs**

Carers argue that a £400k saving is unrealistic. Carers highlight that independent providers face massive inflationary pressures. There is a high risk that providers will increase prices as their own costs rise, quickly eroding savings. For the "complex needs" cohort, costs are volatile, and the council loses all bargaining power once internal provision is closed.

#### 4. Access to Fit for Purpose Buildings

To date providers are struggling to find venues that meet safeguarding and health needs of complex need children and young people. e.g.: Short Breaks 2026.

#### 5. National Workforce Crisis

The sector faces a dire recruitment crisis, with vacancy rates nearly three times the national average. Carers worry that relying on a private market plagued by high turnover will lead to unsafe care for individuals who require stable, trusted staff to manage non-verbal communication and complex medical needs.

- **What do you see as the potential risks or disadvantages of re-providing support through external provider services?**

This response focuses on the direct impact on the safety and quality of life of the 21 individuals, and PaCC asks that Councillors ensure they pay strong attention to the needs of the wider community.

1. **Clinical Safety Gaps:** Parent carers lack confidence in the evidence that independent providers possess the breadth of clinical skills required for this cohort. Families do not believe external services reliably offer the specialised health oversight needed for essential care, including tube feeding, clinical competence in physiotherapy and SALT, and medical management of complex epilepsy and behavioural needs. It is known that placements fail for these reasons.
2. **Physical Space and Accessibility Constraints:** A critical risk is the lack of physical space and consistent wheelchair accessibility. Carers report that they have been told by alternative providers that they are at capacity and/or lack the "spare space," structural accessibility, or specific breakout spaces required for those needing behavioural support. This makes the promise of immediate re-provision unrealistic.
3. **Invisible Demand and Ageing Carers:** The proposal fails to account for families currently supporting adults without formal services. As these carers age, they will require specialist, building-based support. Removing this safety net for "hidden" families will lead to future crises and emergency interventions.
4. **Psychological Distress and Placement Failure:** Re-provision risks the destruction of friendship groups and trusted bonds. For non-verbal adults, these are vital for stability. When placements fail due to a provider's inability to meet needs, it leads to "parent carer burnout." Just one or two further emergency residential placements would completely wipe out any projected savings.
5. **Aspiration, Quality and Safeguarding:** External provision often involves high staff turnover. Parent carers want reliable provision that the city can be proud of; they question why councillors are not committing this aspiration for such a vulnerable and marginalised cohort. Replacing a specialist environment with generic services increases the risk of neglect and long-term harm.

- **What risks or opportunities do you see in relation to market readiness and sustainability?**

Based on feedback, the following risks to market readiness and sustainability have been identified, specifically regarding the council's capacity to manage this transition.

### **1. Systemic Delays and Transition Planning**

There is significant concern that overstretched social care teams are already struggling with timely transition planning for both current service users and young people entering the system. Evidence from parent carers indicates that annual assessments remain significantly behind schedule. Relying on an independent market when the underlying social care infrastructure is already failing to meet statutory timelines creates a high risk of service gaps and safety failures.

### **2. CQC Concerns and Lack of Transparency**

The community is aware of the recent Adult CQC inspection, which specifically highlighted poor transitions as an area of concern. Parent carers report that the action plan following this inspection remains unknown to them. This lack of transparency, coupled with evidenced assessment delays, undermines any confidence that the council has the capacity to sustainably manage the complex re-provision of high-needs individuals.

### **3. Financial Sustainability and "False Savings"**

Carers argue the £400k saving risks being unrealistic. Independent providers face inflationary pressures and rising wage costs, which will be passed to the council. Furthermore, if placements fail due to a provider's inability to meet needs, "parent carer burnout" will likely lead to emergency residential care. Just one or two such placements would completely wipe out any projected savings.

### **4. Failure of Direct Payments and Forecasting**

Direct Payments are not a sustainable alternative due to the "recruitment scarcity" of PAs. Furthermore, the council's focus ignores the pipeline of young people in special schools and ageing carers in the community. Without factoring in this future demand, any market-shaping strategy is unsustainable and risks total system failure for the city's most vulnerable.

- **What impact do you think this proposal could have on people who currently use the service? (Select all that apply)**

Other.

### **1. Deterioration of Mental Health and Wellbeing**

Carers describe Wellington House as a "community." The most significant impact is the psychological distress caused by the destruction of established friendship groups. For adults with complex learning disabilities—and for those who are non-verbal—these peer relationships are fundamental. Families fear removing these social anchors will lead to high levels of anxiety and a permanent decline in wellbeing, negatively impacting long term health outcomes.

## **2. Physical Safety and Clinical Risks**

Parent carers argue that re-provision risks the safety of those with profound medical needs. They highlight a lack of evidence that independent providers can replicate the necessary "clinical competence." Impacts may include risks to those requiring tube feeding, complex epilepsy management, and specialised nutritional support and behaviour management, alongside a move to providers lacking consistent wheelchair accessibility or breakout spaces.

## **3. Regression in Skills and Communication**

The proposal risks the loss of trusted relationships with experienced staff who uniquely understand each user's communication. Carers believe moving users to an external workforce hampered by the national recruitment crisis - characterised by high turnover - will lead to a regression in independence and a failure to meet basic care needs.

## **4. Placement Failure and Family Breakdown**

If a new placement cannot accommodate a user's high-support needs, it will likely fail. Such failures are catastrophic, often leading to "parent carer burnout" and a total breakdown in the family's ability to cope. This forces the adult into emergency residential care.

## **5. Marginalisation**

Carers feel this cohort is being "left behind." They argue that closing the only specialist in-house provision deepens inequalities and reduces social inclusion for those with the highest support needs.

- **What would good support look like under the proposed new arrangements?**

### **1. Clinical, Specialist, and Behavioural Requirements**

Any alternative offer must demonstrate the ability to meet complex health and behavioural requirements. This includes staff with assessed competence in tube feeding, SALT, physiotherapy, and medical management of epilepsy, alongside skilled implementation of Positive Behavioural Support (PBS). Facilities must be fully wheelchair accessible, featuring ceiling track hoists, sensory rooms, and dedicated breakout spaces. Provision must be more aspirational, focusing on improving life outcomes and independence for young people rather than merely meeting basic safety.

### **2. Transparency and Quality Information**

A major barrier is the distinct lack of information about independent providers. Carers report they do not have the details needed to make informed choices. Good support requires the council to provide clear, verified data on provider standards and clinical skill sets. Councillors should defer decision-making until they fully understand the actual capacity and competency within the independent sector to meet these specific needs.

### 3. Delayed Engagement with Young Adults

Councillor Mitchie Alexander committed to engaging with parent carers of younger adults to feed into future provision. To date, this specific engagement has not taken place. PaCC highlights that this specific consultation should happen ahead of any final decision-making to ensure the needs of those transitioning into adult services are represented.

### 4. Protecting Relationships and Friendships

Good support includes the preservation of "friendship groups." Social circles are vital for the mental health of non-verbal adults; any transition must move peer groups together. Support must be delivered by a stable, skilled workforce to ensure continuity.

### 5. Statutory Compliance and Statutory Duties

Parent carers fear the quality of life for adults with learning disabilities is being dictated by budget deadlines rather than individual needs. Carers report that for some, a transition may take a year or much longer; for some families, no appropriate alternative provision is found. Moves should be individually planned, adequately resourced, and involve families as partners. No move should occur until new provision is proven to meet all assessed needs. The council must ensure provision for the eligible cohort complies with Equality Act and Equalities legislation duties. PaCC ask: are all voting councillors confident that sufficient appropriate provision is available and how will they evidence this to the community?

## • What should the council consider in promoting equality and inclusion?

### 1. Marginalisation and Central Government Funding

Brighton & Hove cites its status as an inclusive city, yet carers argue adults with learning disabilities remain on the margins. They believe closing the only in-house primary specialist hub further pushes this cohort out of sight. Parent Carers do not see evidence of BHCC putting pressure on central government regarding the significant funding issues affecting social care provision and ask if this is happening where it is communicated.

### 2. Cumulative Impact of Budget Cuts

Councillors must consider the significant cumulative impact of savings across all BHCC services and provisions. Carers argue the loss of Wellington House, alongside wider service reductions, creates a "piling on" effect that disproportionately undermines the quality of life for this specific marginalised group.

### 3. Planning and the "Accessible City"

The council is proud of landmark developments like the seafronts and potential King Alfred development, but PaCC flags that the learning disability community is not sufficiently catered for in broader city planning. They ask that such projects consider this community within the Accessible City strategy, and how will this be evidenced.

#### **4. Market Fragility and Gaps in Provision**

Carers point to provider withdrawals as evidence of market instability. They highlight ongoing gaps for CYP with high support needs within Short Breaks and wraparound care. The council must demonstrate how it will prevent a similar failure for adults, ensuring capacity shortages do not lead to total social isolation.

#### **5. Statutory Duties and Local Transparency**

All decisions must comply with the Equality Act 2010. Carers highlight that current delays in assessments and the lack of transparency regarding the action plan following the recent Adult CQC inspection suggest the council is currently falling short of its statutory duties.

- **Is there anything else you would like the council to consider before the decision is made?**

"Invest to Save": Proposals to Enhance Wellington House. Parent carers believe expanding the building's facilities will address critical gaps in provision while protecting the long-term budget.

##### **1. Mitigating High-Cost Crisis Placements**

Proposal: Reposition Wellington House as a specialist "Centre of Excellence" for those with complex medical and behavioural needs.

Saving: Providing local, high-intensity support that independent providers cannot accommodate avoid exorbitant out-of-city residential costs. This proactively manages the most expensive end of the care market.

##### **2. Enhancing Respite and Family Resilience**

Proposal: Use the site to complement Beach House, especially where Beach House cannot meet needs. As well as daytime provision provide early evening and weekend respite opportunities, and space for Short Breaks providers who struggle to find accessible venues.

Saving: Reliable respite prevents parent carer burnout. Supporting families for longer prevents breakdowns; just one or two failed placements necessitating emergency residential care would instantly negate any projected savings from closure.

##### **3. Specialist Transition Hub**

Proposal: Manage the "pipeline" of young people (18–25) leaving special schools.

Saving: Transitions for this cohort can take a year or much longer. Using the site as a bridge ensures stability and prevents the costly "churn" and crisis costs of placement failures in the independent sector.

##### **4. Hybrid Partnerships, Joint Funding, and Community**

Proposal: Open the space to independent providers and work with health partners for joint funding. Prioritise developing communities by allowing local groups to use the centre as a social anchor.

Saving: Shared funding reduces the burden on Adult Social Care. Recouping costs via service agreements while fostering community connections reduces the isolation that leads to mental health crises and service dependency.

## 5. Addressing "Invisible Demand"

Proposal: Support ageing carers who provide home-based care without formal support. Provide equitable access to day provision for young people living in supported living where day provision is prohibited, as parent carers report private providers claim they meet need without considering holistic wellbeing and access to the community.

Saving: Early engagement enables managed, cost-effective transitions rather than high-cost emergency interventions when families hit a point of crisis, and a reduction in care package costs where young people have access to social opportunities and more meaningful day activities.

## 6. Address the lack of training and work opportunities

Proposal: develop opportunities for young people who do not meet Team Domenica eligibility criteria. There is great space within Wellington House for a community café, a community launderette, etc. PaCC suggests that BHCC look at The Sand Project in Worthing as inspiration for improving young people's access to better life outcomes.

Saving: Families with young people still living at home can manage for longer where young people have daytime provisions that are meaningful.

- **Other, in addition to survey questions.**

- The independent market currently holds a significantly larger market share of daytime provision, and parent carers believe the smaller percentage held by Wellington House must be protected as In-House provision, protecting and building on provision for this vulnerable cohort.
- The quoted daily rate of £220 at Wellington House is a similar price being quoted by some current providers.
- **Loss of Accredited Excellence:** PaCC has read that Wellington House holds a National Autistic Society Autism Accreditation. Carers see this as a "gold standard" sensory environment that is not widely available in the private sector.
- **The "Social Anchor":** Beyond the 21 permanent users, the centre provides a vital safe space for "drop-in" users. Removing this hub increases the risk of those living in the community falling into total social isolation.
- **Trust remains low** because the community feels the narrative around decision making has been predominantly about the 21 adults who attend Wellington House, and the needs of future cohorts risks not being evidenced as part of essential decision making.

## Summary Conclusion for Voting Councillors

Closing Wellington House is a high-risk strategy prioritising short-term savings over stability. While projected savings are £400k, community confidence remains low. The "Invest to Save" model offers a sustainable path to mitigate crisis costs, uphold statutory duties, and restore trust. Decisions now dictate whether the city remains inclusive or pushes its most vulnerable into a volatile market. Such action leaves no safety net for the adults involved and fails to provide a medium-to-long-term plan going forward for the eligible students with Learning Disabilities who will leave full-time education each year.

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*The Parent Carers' Council (PaCC) is a parent-led forum which represents parent carers with children and young people with any kind of physical disability, learning disability, complex or long-term medical/health condition, SEMH (Social, Emotional, Mental Health) issues or special educational need. The group was formed to enable parent carers to work closely together to help improve services and support. It aims to help parents get more directly involved in the strategic delivery of services for disabled children in Brighton & Hove and now has over 780 signed up members. Parent Carers' Council (PaCC), Community Base, 113 Queens Road, Brighton BN1 3XG • Tel: 01273 234 862 • email: [fiona@paccbrighton.org.uk](mailto:fiona@paccbrighton.org.uk)*